

## Communiqué: Chinese Medicine Board of Australia Meeting with professional associations April 2020

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**The second annual meeting of the Chinese Medicine Board of Australia (the Board) with the Chinese medicine professional associations was held via video conference on 16 April 2020.**

The Board considers that regular exchange of information with the professional associations is an essential component of its communication and engagement strategy. It is expected that such meetings will further strengthen constructive relationships with the Board's key stakeholders to assist the Board to deliver its regulatory outcomes in an engaging, effective and efficient manner. In addition, such meetings also provide an opportunity to share information and to explore issues/matters of mutual interest and respond in a respectful, collaborative and proactive way.

In attendance were:

### **Professional Association representatives**

Australian Acupuncture and Chinese Medicine Association (AACMA)	Ms Waveny Holland
Australian Acupuncture and Chinese Medicine Association (AACMA)	Mr Paul Stadhams
Australian Natural Therapists Association (ANTA)	Ms Kaitlin Edin
Australian Natural Therapists Association (ANTA)	Dr Mark Shoring
Australian Traditional Medicine Society (ATMS)	Mr Peter Berryman
Australian Traditional Medicine Society (ATMS)	Mr Brendan Meek
Chinese Medicine and Acupuncture Society of Australia Ltd (CMASA)	Mr Harry Wu
Chinese Medicine and Acupuncture Society of Australia Ltd (CMASA)	Dr Xu Wei Luo
Chinese Medicine Industry Council (CMIC)	Mr Max Ma
Federation of Chinese Medicine and Acupuncture Societies of Australia (FCMA)	Dr Sherman Gu
Federation of Chinese Medicine and Acupuncture Societies of Australia (FCMA)	Dr Donna Chew

### **Chinese Medicine Board of Australia representatives**

Dist Professor Charlie C Xue (Chair, CMBA) and Chair of this meeting  
Dr David Graham (Deputy Chair CMBA and Community member of CMBA)  
Mr Roderick Martin (Practitioner member of CMBA)

### **Australian Health Practitioner Regulation Agency (Ahpra)**

Ms Sangeetha Masilamani, Acting Executive Officer, CMBA

## **1. Welcome by the Chair**

All members were welcomed to the meeting.

### **1.1 Acknowledgement of traditional custodians**

Professor Xue acknowledged the traditional custodians of the lands from where participants attended the meeting and paid respects to Elders past and present and emerging.

### **1.2 Current situation with COVID-19 pandemic**

Ahpra and the National Boards agreed that it is essential to avoid confusion in this rapidly evolving situation and to have one source of information for all the professions. Ahpra and the National Boards (including

CMBA) have developed a dedicated [COVID-19](#) webpage to provide COVID-19 updates specifically related to registered health professionals.

In response to the current unparalleled national public health crisis, Ahpra and the National Boards have worked together to rapidly increase the pool of registered practitioners in those priority professions in the front line for dealing with COVID-19 - medicine, nursing and midwifery, pharmacy and paramedicine by establishing a [Pandemic sub-register](#). Over 30,000 practitioners have already responded to the invitation to return to full registration, with physiotherapists, medical radiation therapists and psychologists [identified as the next cohort of professions](#) to be added to the Pandemic sub-register.

## **2. The items raised by the Board**

### **2.1 State and Territory skin penetration legislation**

In the course of the recently completed review of the *Guideline – infection prevention and control for acupuncture practice*, it was noted there are some inconsistencies between state/territory legislations which have been in place since before the start of the National Scheme. The Board has provided this information to the states and territories for their follow-up.

### **2.2 Consistent description of dry-needling**

The Board has been working with Professional Associations in an advisory capacity to provide guidance. The Board tabled a suggested set of words to provide a consistent description of dry-needling and acupuncture.

### **2.3. Use of unregistered assistants to remove acupuncture needles from patients**

The Board thanked the Professional Associations for their consistent input and advice in developing its position on the question of whether unregistered assistants in acupuncture clinics can remove acupuncture needles from patients. The Board's view is that the removal of acupuncture needles from the patient is an integral component of the professional practice and service provided by the registered acupuncturists and that this activity should not be delegated to an unregistered assistant. The Board has published the [full statement](#) on their website.

### **2.4. Health and wellbeing support**

The Board advised that there is an opportunity, together with several other National Boards, to engage a health advice and referral service specifically tailored to assist registered practitioners. The Professional Associations expressed concern that this could duplicate existing, free services such as *Helpline* and *Beyond Blue* and the assistance already provided by the Professional Associations themselves. The Board appreciated the advice of the Professional Associations which is useful in deciding on this matter.

### **2.5 Access to restricted herbs**

The Board has been carefully investigating the issue and options of Chinese herbal medicine practitioners being able to access certain restricted herbs. This has included discussion with the Therapeutics Goods Association (TGA), the Ahpra Scheduled Medicine Expert Committee (SMEC) and state/territory health officials.

The advice from these primary stakeholders is to make a case for selected herbs to the TGA for an adjustment of the Standard for the Uniform Scheduling of Medicines and Poisons. The Board may assist the Professional Associations in an advisory capacity to develop cases to the TGA.

### **2.6 Update on other matters**

#### **Pneumothorax education package**

The Chinese Medicine Council of NSW and the Board have collaborated on a pneumothorax education package for practitioners which is available now as a [video resource](#). It is suggested as a useful information resource to the Professional Associations for continuing professional development activities.

#### **Scheduled reviews of Board guidelines**

The Board will shortly be seeking input from key stakeholders via preliminary consultations on:

- a draft revision of the Guidelines for safe Chinese herbal medicine practice
- a draft revised Guideline – infection prevention and control for acupuncture practice.

#### Audit of practitioners with English language conditions

The audit of a sample of practitioners with English language conditions on their registration has been postponed due to the impact of COVID-19.

#### Chinese Medicine Board vacancies

The Professional Associations noted that there are five practitioner member vacancies, including the Chair, currently being advertised in NSW, QLD, SA, VIC and WA and two community member vacancies.

## **2.7 Matters referred by the CMBA for consideration by the Professional Associations**

#### Set of practice principles for use by practitioners

The Board had drafted a set of practice principles for use by individual practitioners in their clinics. The Professional Associations will consider and make appropriate use of these principles for their members.

#### Assistance for students

The Board and the Professional Associations agreed that supporting new graduates and students is a very important aspect of developing the Chinese medicine workforce into the future. The Board encouraged the professional associations to bring together information about bursaries, scholarships and mentoring opportunities that they provide for easy access to students and/or new graduates.

## **3. Items raised by the Professional Associations**

### **3.1 Update on practitioner issues (e.g. Medicare access)**

The Professional Associations advised that, due to the impact of COVID-19, the progress of their submissions to apply for inclusion in the Australian government's chronic disease management Medicare items has been placed on hold.

It was noted that while Chinese medicine is regarded as an allied health profession within the NRAS, it is still work-in-progress for this understanding more generally.

### **3.2 Quality assurance related to raw herbs / herbal supplier Code of Practice**

The quality and safety of medicinal ingredients available to registered Chinese herbal medicine practitioners is fundamental. A draft code of practice for wholesalers was tabled at the meeting and CMIC provided a report on its progress.

## **4. Other matters**

### ***Impact of COVID-19***

The COVID-19 pandemic has caused major disruption to the Australian workforce. Registered practitioners should stay up to date with state/territory and Commonwealth government announcements about what are essential and non-essential services, and any restrictions on practice, as this guidance is subject to change. Personal protective equipment (PPE) should be used effectively and practitioners should ensure their compliance with relevant infection control requirements and public health advice. For the latest advice go to the [Australian Government Department of Health](https://www.health.gov.au) website.

Ahpra and National Boards have developed [telehealth guidance for practitioners](#) which outlines Ahpra and the National Boards' expectations of how registered practitioners will use telehealth in the context of the COVID-19 pandemic.

### ***Financial hardship due to impact of COVID-19***

It is recognised that many practitioners are experiencing financial hardship due to the impact of COVID-19. The Board is currently developing its annual budget (2020-21) including setting the registration fees for the registration renewal period (November 2020).

### ***Effective treatment of COVID-19***

The Board reiterated the advice given to all health practitioners to only provide information about COVID-19 treatments that is evidence-based, scientifically accurate and from authoritative sources, such as a state, territory or Commonwealth health department or the World Health Organization.

### **5. Meeting review, future planning and communique**

It was agreed that these meetings are useful and informative. The Professional Associations suggested increasing the annual meeting to two meetings per year.

It was agreed that a Communique of the meeting will be published.

### **6. Next meeting**

To be advised.